

# CICP COMMUNICATES

February 2016

## COLORADO INDIGENT CARE PROGRAM

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## DEPARTMENT UPDATES

- Karen Talley has transferred to another section within the Department and no longer works with the Colorado Indigent Care Program. All inquiries should be directed to the CICP email inbox, [cicpcorrespondence@state.co.us](mailto:cicpcorrespondence@state.co.us); someone will respond within 2 two business days
- As a reminder, the Department sends updates to the main contact we have on file and it is up to that person to make sure the information is appropriately distributed
- Provider applications for the Colorado Indigent Care Program will be sent out in March and will be due back to the Department by close of business April 15th
- The new FPL and updated Excel client application will be released April 1st

## LAWFUL PRESENCE

The Department of Revenue (DOR) is in the process of updating their rules regarding lawful presence and the waiver process. In response, the Department is updating the corresponding language in our Colorado Indigent Care Program (CICP) rule to follow the new DOR rule. The Department's rule will now point directly to the DOR rule instead of listing out documents that are acceptable for establishing lawful presence.

The rule changes implemented by DOR will be effective later this spring. The Department will communicate the new language, as well as what it means for our CICP providers, clients, and applicants as soon as we know when the new DOR rule language will be effective. Until then, current CICP rules remain in effect.

## SAVE THE DATE

Our next Executive Forum will be on Tuesday March 29, 2016. We will once again have two separate sessions: Clinics 9:00 a.m. - 11:00 a.m. and Hospitals 2:00 p.m.- 4:00 p.m.



**COLORADO**

Department of Health Care  
Policy & Financing

## LIQUID ASSET SPEND DOWN

The Department has created resources for providers and clients to more fully explain the Liquid Asset Spend Down – what it is, who can use it, and when it can be used. These resources can be found on the [Department's website](#). Materials were also emailed out to the eligibility contact for each provider.

## NEW CICP AUDIT REQUIREMENTS

CICP audits covering the provider's fiscal year January 1, 2015 through December 31, 2015 are due to the Department by June 30, 2016. If a provider received over \$1,000,000 in reimbursement from CICP in FY 2014-15, an independent auditor must perform an annual audit and submit a formal audit statement of compliance to the Department. Hospital providers should refer to the Department's letter detailing their hospital provider fees and payments under the Colorado Health Care Affordability Act to determine if an external audit is required. [For audits due on or before June 30, 2016 an external audit is required for those hospitals that received CICP Disproportionate Share Hospital \(DSH\) Payments in excess of \\$1,000,000.](#)

## IRS FORM 1095-B

IRS Form 1095-B is a federal tax document that the Department is required to send to members as proof that they had qualifying health coverage during the month(s) they were enrolled in Medicaid or Child Health Plan Plus (CHP+) in 2015. Under the Affordable Care Act, most individuals are required to have health coverage, or pay an IRS federal tax penalty, the [Individual Shared Responsibility Payment](#).

Since CICP is not recognized as health insurance, individuals who have CICP will not receive this form.

Please visit [COHealthInfo.com/IRSForm1095B](http://COHealthInfo.com/IRSForm1095B) for answers to frequently asked questions about Form 1095-B. This resource will be updated on an ongoing basis as needed.

Stakeholder resources can also be found on the [Department's website](#).

## MEDICAID PROVIDER REVALIDATION

Current Medicaid providers who have not already begun the revalidation process should do so in February. Providers may revalidate prior to their assigned wave period; however, all providers need to have begun the application process by the end of March 2016.

Provider resources, including trainings, an enrollment reference guide, FAQs, and the Online Provider Enrollment Tool are available online on the Department's [Provider Resources page](#). Questions regarding provider revalidation and enrollment should be addressed to [Provider.Questions@state.co.us](mailto:Provider.Questions@state.co.us).

## FREQUENTLY ASKED QUESTIONS

**Question:** What is the co-pay cap for an N rating?

**Answer:** For applicants that who qualify with an N rating, their copayment is 10% of their income up to \$120.

**Question:** How long is a rating good for?

**Answer:** A rating is good for no more than one year at a time. Once the rating has expired or is about to expire, the client will need to be re-rated if they wish to continue in the program.

**Question:** Can a client be on CICP if Medicaid does not cover all the services they need?

**Answer:** No, if a client is eligible for Medicaid they must be on Medicaid. A client can only be put in CICP if they do not qualify for Medicaid or have been denied Medicaid.

**Question:** Are clients who have Medicaid from another state eligible for CICP?

**Answer:** They are most likely not a resident of Colorado and therefore would not qualify for CICP. However, if they have the intent to become a Colorado resident they should apply for Colorado Medicaid and if they are denied they can then apply for CICP.

Additional frequently asked questions can be located through the Department's website [Frequently Asked Questions for Providers](#).

# POLICY REMINDERS

Providers should have implemented the following new policy changes that were effective on July 1, 2015:

1. Increase Personal Vehicle Equity Limit to \$7,500 from \$4,500
2. Modification of the Medical Deduction policy to:
  - Allow deduction for documented payment of outstanding medical bills, regardless of the age of the bill
  - Continue to allow deduction for current verifiable medical expenses and/or pharmaceuticals prescribed by a physician and filled by either an internal or external pharmacy
3. CICIP clinic providers can provide services to CICIP clients who have primary insurance that is not accepted by the provider. Providers may seek a waiver to by-pass the necessity of providing proof of claim denial prior to adjusting the patient account to reflect CICIP discounts and writing off charges to CICIP.
  - Providers should send their waiver request to [cicpcorrespondence@state.co.us](mailto:cicpcorrespondence@state.co.us)

# GENERAL REMINDERS

- Providers should send questions to CICIP Correspondence for a timely response; however, providers can also send specific inquiries directly to the following staff:
  - [Taryn.Jorgensen@state.co.us](mailto:Taryn.Jorgensen@state.co.us) for provider billing reports and information
  - [Eugene.Advincula@state.co.us](mailto:Eugene.Advincula@state.co.us) for provider audits and information
- If you would like assistance concerning CICIP payment information, please contact our Special Financing Accountant, [Gina.Decrescentis@state.co.us](mailto:Gina.Decrescentis@state.co.us). She can answer questions about current and prior payments, EFT direct authorization, W-9 forms, or other payment related information. Gina can also be reached at 303-866-5718.
- Providers can access CICIP information at:
  - [www.colorado.gov/hcpf/programs-Adults](http://www.colorado.gov/hcpf/programs-Adults) - General Information
  - [www.colorado.gov/hcpf/Colorado-Indigent-Care-Program-stakeholder-forum](http://www.colorado.gov/hcpf/Colorado-Indigent-Care-Program-stakeholder-forum) - Stakeholder & Executive Forum
  - [www.colorado.gov/hcpf/CICP](http://www.colorado.gov/hcpf/CICP) - Program Manual, newsletters, forms, etc.
- Clients can reach the Department's Customer Contact Center at 1-800-221-3943.

## SPECIAL FINANCING DIVISION STAFF

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